

WEST ALLIS HEALTH DEPARTMENT
7120 W. NATIONAL AVE. WEST ALLIS WI 53214

Chapter 69.21 Wis.Stats.
(2017-FormDC-1)

WISCONSIN DEATH CERTIFICATE APPLICATION
(for Mail or In-Person Requests)

TYPE or PRINT.

PENALTIES: Any person who willfully and knowingly makes a false application for a death certificate is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than 3 years and 6 months, or both, per s. 69.24(1)].

I. APPLICANT INFORMATION	The information in Section I is about the person completing this application.												
	YOUR CURRENT NAME - First			Last		MAIL TO: NAME-First (if different)			Last				
	YOUR STREET ADDRESS (<i>CANNOT be a P.O. Box address</i>)					Apt. No.		MAIL TO ADDRESS (<i>if different than street address</i>)			Apt. No.		
	City, Village, or Township			State		ZIP Code		City		State		ZIP Code	
	Phone: ()					E-Mail:							
	TYPE OF CURRENT VALID PHOTO ID (<i>See item 3, page 2.</i>)					PHOTO ID NUMBER			STATE OF ISSUANCE		EXPIRATION DATE		

II. APPLICANT'S RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE	Per Wisconsin Statute, a CERTIFIED copy of a death certificate is only available to those with a "direct and tangible interest" (categories A – D below.) (<i>See item 1 on page 2 for more details.</i>)										
	Check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the death certificate.										
	<div style="display: flex; flex-direction: column; gap: 10px;"><div><input type="checkbox"/> A. I am a member of the immediate family of the person named on the death certificate. (<i>Only those listed below qualify as immediate family.</i>) <i>NOTE: Grandchildren, step-parents, step-children, step-brothers/step-sisters may only obtain certified copies as section II, categories B – D.</i><div style="display: flex; justify-content: space-between; margin-top: 5px;"><input type="checkbox"/> Parent (whose name is on the death certificate and whose parental rights have <u>not</u> been terminated) <input type="checkbox"/> Current Spouse <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> Child <input type="checkbox"/> Current Domestic Partner (registered in the Wis. Vital Records System)</div></div><div><input type="checkbox"/> B. I am the legal custodian or guardian of the person named on the death certificate. (<i>Legal proof is required. See item 1 on page 2.</i>)</div><div><input type="checkbox"/> C. I am a representative, authorized in writing, by any of the above check boxes (categories A and B). (<i>The written and notarized authorization must be attached to this application. See item 1 on page 2.</i>) Specify the person you represent: _____</div><div><input type="checkbox"/> D. I can demonstrate that the information from the death certificate is necessary for the determination or protection of a personal or property right for myself/my client/my agency. (<i>Proof is required.</i>) Specify your interest: _____</div></div>										
PURPOSE FOR WHICH CERTIFICATE IS REQUESTED (<i>Specify. This information will assist us in processing your request.</i>)											

III. FEES	FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE NOT ACCEPTED.										
	FIRST COPY FEE \$ 20.00 <u>\$20.00</u>										
	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> <u>Fact of Death</u> (without cause of death) (sufficient for most financial transactions)</div><div><input type="checkbox"/> <u>Extended Fact of Death</u> (with cause of death) (for insurance benefit claims) *</div></div>										
	EACH ADDITIONAL COPY (issued at the same time as the first copy)										
	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> <u>Fact of Death</u> X \$ 3.00 Number of Additional Copies</div><div><input type="checkbox"/> <u>Extended Fact of Death</u> X \$ 3.00 Number of Additional Copies</div></div>										
TOTAL											

MAKE CHECK PAYABLE TO : CITY OF WEST ALLIS Mail to: 7120 West National Avenue, West Allis, WI 53214

Be sure to include (1) Completed application (2) acceptable identification (3) any additional proof or authorization required (4) self-addressed business-size envelope and (5) check or money order

DEATH RECORD INFORMATION	FULL NAME OF DECEDENT (First / Middle / Last)					DATE OF DEATH (Month / Day / Year)				
	PLACE OF DEATH – City, Village, or Township			PLACE OF DEATH – County		DECEDENT'S SOCIAL SECURITY NUMBER *				
	DECEDENT'S AGE / BIRTHDATE *		DECEDENT'S OCCUPATION *			NAME OF DECEDENT'S SPOUSE *				
	NAME OF DECEDENT'S MOTHER * (First / Middle / BIRTH Last Name)					NAME OF DECEDENT'S FATHER * (First / Middle / BIRTH Last Name)				

I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested death certificate in accordance with the categories listed above.

SIGNATURE - Applicant (person named in section I, who is completing this application)	Date Signed (Month / Day / Year)
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Important: Signature and payment are required for processing

The fields marked with an asterisk () do not have to be completed. The information is helpful but not required.

OFFICE USE ONLY

Certificate Number

1. What is a “certified” copy of a death certificate?

A **certified** copy of a death certificate issued by the Local Vital Records Office will have a raised seal, will show the signature of the Local Registrar, and will be printed on security paper. A certified copy may be required to settle an estate or to claim insurance benefits.

State law restricts who may obtain a **certified** copy of a death certificate. A **certified** copy can only be issued to those people with a “direct and tangible interest” (section II, categories A – D) which means the following people:

- An immediate family member defined as a parent (whose name is on the death certificate and whose parental rights have not been terminated), current spouse, brother, sister, grandparent, child, or current domestic partner (Declaration of Domestic Partnership registered in the Wis. Vital Records System under Chapter 770, Wis. Stats.) of the subject of the record (section II, category A).
- NOTE: Grandchildren, step-parents, step-children, step-brothers and step-sisters can only obtain certified copies as section II, categories B – D. The legal custodian or guardian of the person named on the death certificate. Legal proof, e.g., a court order of custody or guardianship, is required (section II, category B).
- A person authorized in writing by one of the above. A written and notarized authorization must be attached to this application and the authorization must clearly state the relationship of the authorizing party to the subject of the record (section II, category C).
- A person who can demonstrate that the death certificate is required to determine or to protect a personal or property right (section II, category D). Proof is required.

If you do not meet one of the above criteria, you cannot receive a **certified** copy of a death certificate.

- For death certificates 2003 to the present, only persons named in categories A – D on the previous page may have access to information which includes cause of death.

	PRE-2003 DEATH CERTIFICATES	2003 TO PRESENT DEATH CERTIFICATES
CERTIFIED COPY A certified copy has a raised seal, will show the signature of the State Registrar, and will be printed on security paper. It can be used for legal purposes, such as settling an estate or claiming insurance benefits.)	<u>TYPE OF CERTIFICATE AVAILABLE</u> Extended Fact of Death *	<u>TYPE OF CERTIFICATE AVAILABLE</u> Fact of Death ** Extended Fact of Death *
	<u>TYPE OF RECIPIENT</u> Must have a “direct and tangible interest”	<u>TYPE OF RECIPIENT</u> Must have a “direct and tangible interest”
* Extended Fact of Death Certificate. Cause of death included; can be used for insurance benefit claims. ** Fact of Death Certificate. No cause of death included; can be used for banking and most other financial transactions.		

2. How long will it take to process my request?

Copies of death certificates are available from the Local Vital Records Office no less than 3 weeks from the date of the death.

- **Applying in Person**
 - Requests for certified copies of death certificates are usually completed within 2 business hours of application, if the death certificate is on file.
- **Applying by Mail**
 - Requests for **certified** copies of death certificates may take up to 1 week plus mail time to complete.

3. What identification is required when applying for a certified or uncertified copy of a death certificate?

A photocopy of the applicant’s current ID as listed below must be submitted with **all** mail applications. A current ID as listed below is required when applying in-person.

At least one form of ID must show your current name and current address. Expired cards or documents will not be accepted.

The acceptable forms of identification are:

One of these:

State issued driver’s license or ID card
US government issued photo ID
US or Foreign passport
Tribal or Military ID card

OR

Two of these:

Bank/Earnings statement
Current, dated, signed lease
Health insurance card
Current utility bill or traffic ticket
Vehicle registration/title

**If you have questions regarding this form, please call 414-302-8600
or visit our website at <http://www.westalliswi.gov/vitalrecords>**